FERENCE & ASSOCIATES

409 Broad Street
Pittsburgh, Pennsylvania 15143
Phone: (412) 741-8400
Fax: (412) 741-9292
Web: www.ferencelaw.com

USPTO FACSIMILE COVER SHEET

To:	Commissioner for Patents
Fax Number:	(571) 273-8300
Date:	March 13, 2006
Pages:	17 pages (including this cover sheet)

MESSAGE:

MINIMUM BAYES ERROR FEATURE SELECTION IN SPEECH RECOGNITION
Application No. 09/699,894
Examiner Myriam Pierre
Art Unit 2654

Request for Continued Examination (in duplicate)
Amendment Transmittal
Amendment

YOR20000388US1
(590.022)

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FERENCE & ASSOCIATES
Amendment Transmittal

MAR 13 2006

Atty. Docket No. YOR20000388US1
(590.022)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Padmanabhan et al.	
Serial No.	:	09/699,894	Examiner : Pierre, Myriam
Filed	:	October 30, 2000	Group Art Unit : 2654
For	:	MINIMUM BAYES ERROR FEATURE SELECTION IN SPEECH RECOGNITION	

COMMISSIONER FOR PATENTS
P.O. Box 1450
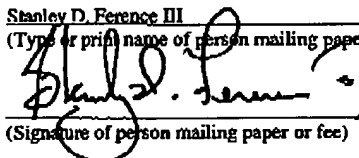Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

OR

2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.

4. ☐ A verified statement to establish Small Entity status is enclosed.

<u>CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)</u>

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (571) 273-8300 on <u>March 13, 2006</u>, to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III
(Type or print name of person mailing paper or fee)

(Signature of person mailing paper or fee)

Page 1 of 2

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MAR 1 3 2006

Atty. Docket No. YOR20000388US1
(590.022)

5. ☐ Also enclosed: _____

6. ☐ No additional filing fee is required.

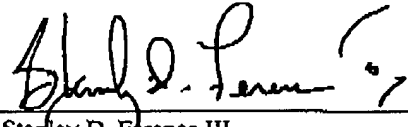7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY			OTHER THAN A SMALL ENTITY	
							RATE	FEE		RATE	FEE
Total Claims	18	-	** 20	=	* 0	x	$25	=	OR	x $50 =	
Ind. Claims	3	-	*** 3	=	* 0	x	$100	=	OR	x $200 =	
☐ Multiple Dependent Claim Presented						+	$180	=	OR	+ $360 =	
							TOTAL	= $_____	OR	TOTAL = $_____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for $_____ to cover the filing fee.

9. ☐ The Commissioner is hereby authorized to charge the $_____ filing fee to Deposit Account No. 50-0510.

10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

Dated: March 13, 2006

By _____
Stanley D. Ference III
Reg. No. 33,879

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile

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